



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 12, 2006

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

License #: RC-785

Dear Ms. Hartwig:

On July 27, 2006, a survey was conducted at Unique Sr Care - Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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August 9, 2006

FILE COPY

Nelia Hartwig, Administrator
Unique Sr Care - Assisted Living
3634 20th St
Lewiston, ID 83501

Dear Ms. Hartwig:

On July 27, 2006, a Life Safety Code survey was conducted at Unique Sr Care - Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 26, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R785	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2006
NAME OF PROVIDER OR SUPPLIER UNIQUE SR CARE - ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1639 BIRCH AVE LEWISTON, ID 83501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 27, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p> <p>Keith Barkow Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

L34H21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name UNIQUE SENIOR CARE	Physical Address 1639 Birch Ave	Phone Number 743-6919 208-746-1077
Administrator Nelia Hartwig	City LEWISTON, ID	ZIP Code 83501-
Survey Team Leader ERIC MUNDRELL / KETH BARKOW	Survey Type FIRE & LIFE SAFETY	Survey Date TWIS 7-27-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	IDAPA		
1.	16.03.22.250.15	Provide Resident Call / monitor System	com 8/24/06
	(16.03.22.400	I have talked to Mark, he thought body monitor would be ok FIRE & LIFE SAFETY REQUIREMENTS) supposed to call me Aug 7-9	
2.		Complete A WRITTEN EMERGENCY / DISASTER PLAN. "EVACUATION PLAN" attached	✓ 8/24/06
3.		ANNUAL HVAC SYSTEM INSPECTION REQUIRED. LAST 4/22/05	✓ 8/24/06
4.		FIRE EXTINGUISHER SERVICE DUE BEFORE 8/1/06 TAGGED 7/05	✓ 8/24/06

Response Required Date

8/27/06

Signature of Facility Representative

Nelia Hartwig

RECEIVED
AUG 07 2006
FACILITY STANDARDS